

A guide to your Varicocele Embolisation



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This booklet tells you about the procedure known as varicocele embolisation.

It explains what is involved and what the possible risks are.

It is not meant to be a substitute for informed discussion between you and your doctor, but can act as a starting point for such a discussion.

What is a varicocele embolisation?

A varicocele is an abnormality of the veins that take blood away from the testicle. The veins become bigger and more obvious, rather like varicose veins in the leg.

Embolisation is a way of blocking these veins, and therefore making them less obvious and causing the varicocele to disappear, without an operation.

Why do I need a varicocele embolisation?

Varicoceles can cause various problems, including pain and swelling.

In the past, an open operation would have been necessary to get rid of the varicocele, but now it can be treated by the technique of embolisation.

Who has made this decision?

The consultant in charge of your case has decided this is the best treatment option for you.

However, you will have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Who will be performing the varicocele embolisation?

A specially trained doctor called a radiologist. Radiologists have special expertise in using x-ray equipment, and also in interpreting the images produced.

The radiologist will look at these images while carrying out the procedure.

Where will the procedure take place?

The procedure is performed under sterile conditions in an x-ray department, in a special 'screening' room, which is adapted for specialised procedures.

What preparation is there for a varicocele embolisation?

You need to be admitted to hospital for the procedure. Please see your admission letter for instructions for fasting for this procedure. You will be asked to undress and put on a hospital gown.

If you are taking any Anticoagulants i.e. Warfarin, Clopidogrel, Aspirin please contact your GP as these medications may need to be stopped several days prior to the procedure

Please take all other medication as normal.

What actually happens during varicocele embolisation?

You will lie on the x-ray table, generally flat on your back.

The skin near the point of insertion, either the neck or the groin, will be swabbed with antiseptic, and then most of the rest of your body covered with a theatre towel. The skin and deeper tissues over the vein will be anaesthetised with local anaesthetic, and then a needle will be inserted into a vein.

Once the radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into the vein. Then the needle is withdrawn allowing a fine plastic tube, called a catheter, to be placed over the wire and into the vein.

The radiologist uses the x-ray equipment to make sure that the catheter and the guide wire are moved into the right position, into the varicocele, and then the wire is withdrawn.

The radiologist can block the abnormal veins, either by injecting a special fluid down the catheter, or passing down small metal coils.

These metal coils are like small springs, and cause the blood around them to clot, and consequently block the vein.

The radiologist will inject small amounts of special dye, called contrast medium, down the catheter, to check that the abnormal veins are being blocked satisfactorily.

Once they are blocked completely, the catheter will be removed. The radiologist will then press firmly on the skin entry point for several minutes, to prevent any bleeding.

Will it hurt?

Some discomfort may be felt in the skin and deeper tissues during injection of the local anaesthetic. After this, the procedure should not be painful. There will be a nurse, or another member of clinical staff, standing next to you and looking after you.

If the procedure does become uncomfortable for you, they will arrange for you to have some painkillers and/or sedative through the needle in your arm. You will be awake during the procedure, and be able to tell the radiologist if you feel any pain, or become uncomfortable in any other way.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be.

Generally, the procedure will be over in about half an hour, but you may be in the x-ray department for about an hour or so.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems.

They will also look at the skin entry point to make sure there is no bleeding from it. You will stay on the ward for about one hour or until you have recovered.

You will be allowed home on the same day as long as you have somebody to take you home and can stay with you overnight. You should not drive for 24 hours after the procedure.

Once discharged you should rest for the remainder of the day.

Are there any risks or complications?

Varicocele embolisation is a very safe procedure, but there are some risks and complications that can arise. There may occasionally be a small bruise, called a haematoma, around the site where the needle has been inserted, and this is quite normal. If this becomes a large bruise, then there is the risk of it getting infected, and this would then require treatment with antibiotics.

Very rarely, some damage can be caused to the vein by the catheter, and this may need to be treated by surgery or another radiological procedure.

Unfortunately, there is always the possibility that although the varicocele seems to have been cured to start with, months or even years later, it may come back again.

If this happens, then the procedure may need repeating, or you may be advised to have an operation. Despite these possible complications, the procedure is normally very safe, and is carried out with no significant side-effects at all.

Radiation risk

All exposure to x-rays carries a risk. The Radiologist and Radiographer will keep the x-ray dose as low as possible.

The radiation risk to you from the embolisation procedure is similar to other common x-ray procedures such as a CT scan or barium enema.

The main risk of x-ray exposure is certain types of cancer such as leukaemia.

We estimate that approximately 1 in 3000 people having this type of procedure will develop fatal cancer as a result of this radiation exposure at some time in the future.

The risk is similar to that of driving 10 thousand miles in a car. This risk has to be balanced against the benefits of the procedure.

The Radiologist (Doctor) will discuss the procedure, including the risks and benefits, with you and you will be able to ask any questions.

What if I decide not to have the procedure done?

If you decide not to go ahead with the procedure after you have had a chance to discuss any concerns you have with the radiologist, we will notify your referring doctor of your decision so that they can discuss the options for further treatment with you.

Alternative procedures

Your Consultant Surgeon and Radiologist have discussed your case and feel that this is the best treatment. Surgical operations are available.

They are rarely performed for this problem nowadays as they involve additional risks including the need for a general anaesthetic.

If you are diabetic

If you are diabetic please contact the:

Diabetes Centre

Monday to Friday between 8.30am and 12 noon on:

 **0161 206 2095**

Do this as soon as you receive this appointment and ask to speak to a diabetes specialist nurse.

Failure to follow this advice may result in your appointment being cancelled.

What if I cannot attend for my appointment?

If you have any questions about your examination or cannot make the appointment, please telephone the help-line on:

 **0161 206 2044**

 **0161 206 2404**

Monday to Friday between 8.30am and to 4.00pm

If you are not able to telephone please contact us via email on:

 **booking.radiology@srft.nhs.uk**

Please include your name, address, date of birth and hospital number (if known) on all correspondence

Please help us to cut our waiting lists. If you need to cancel or change your appointment call us as soon as you can, so that we can give it to another patient.

Interpreters

If you need an interpreter for your examination and/or procedure. This can be either verbal non-English language or non-verbal British Sign Language, Makaton etc.

Please call the department so that we can try to arrange this.

There is also information about interpretation services on the back of this booklet.

I need an ambulance, how do I arrange this?

If you need an ambulance there are contact details on your appointment letter.

Please inform the department, using the contact details in this booklet, if you are arriving by ambulance.

Other sources of information

Your questions should have been answered by this booklet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you.

Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

If you require further information about this procedure please contact:

 **0161 206 2206**

 **0161 206 5091**

Further information regarding the examination can be found on the Internet.

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Copies of this leaflet are available in other formats (for example, large print or easyread) upon request. Alternative formats may also be available via www.srft.nhs.uk/for-patients/patient-leaflets/

In accordance with the Equality Act we will make reasonable adjustments to enable individuals with disabilities to access this service. Please contact the service/clinic you are attending by phone or email prior to your appointment to discuss your requirements.

Interpreters are available for both verbal and non-verbal (e.g. British Sign Language) languages, on request. Please contact the service/clinic you are visiting to request this.

If you need this information leaflet translated, please telephone:

Polish

Jeżeli potrzebne jest Państwu to tłumaczenie, proszę zadzwonić pod numer.

Urdu

اگر آپ کو اس ترجمانی کی ضرورت ہے تو مہربانی کر کے فون کریں۔

Arabic

إذا كنتم بحاجة إلى تفسير أو ترجمة هذا الرجاء الاتصال

Chinese

如果需要翻译，请拨打电话

Farsi

اگر به ترجمه این نیاز دارید ، لطفاً تلفن کنید

0161 206 0224

or Email:

InterpretationandTrans@srft.nhs.uk

Under the Human Tissue Act 2004, consent will not be required from living patients from whom tissue has been taken for diagnosis or testing to use any left over tissue for the following purposes: clinical audit, education or training relating to human health, performance assessment, public health monitoring and quality assurance.

If you object to your tissue being used for any of the above purposes, please inform a member of staff immediately.

Salford Royal operates a smoke-free policy.

For advice on stopping smoking contact the Hospital Specialist Stop Smoking Service on 0161 206 1779

This is a teaching hospital which plays an important role in the training of future doctors. The part patients play in this process is essential to make sure that we produce the right quality doctors for all of our futures. If at any time you would prefer not to have students present please inform the doctor or nurses and this will not affect your care in anyway.

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